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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted With Initial Filing

OR

Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	80100.071US1
First Named Inventor	James Gharib
<i>COMPLETE IF KNOWN</i>	
Application Number	Unknown
Filing Date	Herewith
Art Unit	Unknown
Examiner Name	Unknown

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Systems and Methods for Performing Surgery Procedures and Assessments

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
			<input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
PCT/US02/30617	PCT	09/25/2002	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

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This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Number: OR Correspondence address below

Name Nuvasive Inc.

Address 10065 Old Grove Road

City San Diego State CA ZIP 92131

Country US Telephone 858-527-1936 Fax 858-271-7101

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor

Given Name James (first and middle [if any]) Family Name Gharib or Surname

Inventor's Signature Date

Residence: City San Diego State CA Country US Citizenship US

Mailing Address 10918 Derrydown Way

City San Diego State CA ZIP 92130 Country US

NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor

Given Name Allen (first and middle [if any]) Family Name Farquhar or Surname

Inventor's Signature Date

Residence: City San Diego State CA Country US Citizenship US

Mailing Address 6220 Hannon Court

City San Diego State CA ZIP 92117 Country US

 Additional inventors or a legal representative are being named on the 2 supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet

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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)		Family Name or Surname	
Norbert F.		Kaula	
Inventor's Signature		Date	
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Mailing Address			
City Arvada	State CO	Zip 80005	Country US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
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Jeffrey J.		Blewett	
Inventor's Signature		Date	
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
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City San Diego	State CA	Zip 92131	Country US

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DECLARATION**ADDITIONAL INVENTOR(S)**
Supplemental Sheet

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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Jamil		Elbanna	
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Residence: City San Diego		State CA	Country US
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
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Scot		Martinelli	
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	Country
Mailing Address			
Mailing Address			
City		State	Zip
		Country	

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